Schedule A
FORM SCGR-1 (Rev. Nov 2004)

INVOICE SUMMARY
Gasoline Tax Refund Claim
(Attach this schedule to Form SCGR-1)
(See Instructions)

State of California

Claimant Name: _____   _____
SCO Account No

Filing Period: Calendar Year _____   Other: (See Instructions) From _____   To _____

	Seller's Name	Purchase Location (City/*CALIFORNIA*)	Purchase Period		Gallons Purchased (*Gasoline Only*) (Line 6, SCGR-1)
			Date From	**Date To**	
	Example: ABC Gas Station	*Sacramento, CA*	*01/10/04*	*12/21/04*	*300*
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
	TOTAL – THIS PAGE			**TOTAL GALLONS**	_____
	TOTAL - ALL PAGES			**TOTAL GALLONS**	_____

Retain original invoices and all other supporting evidence concerning this claim for four (4) years from refund issuance.

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